

## Provider Annual Training Log

Provider's Name: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Training	Hours or Minutes of Training	Topic(s) Covered	Training Delivered By:
____/____/____			<input type="checkbox"/> Face-to-face training?
____/____/____			<input type="checkbox"/> Face-to-face training?
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This form is provided for technical assistance purposes only. Providers may use this form if they choose, but are **not** required to use this form.